



4-H Enrollment Form



Name of 4-H Group/Unit _____ Year: _____

Member Name: _____
First Middle Last

Address: _____
Street Address City State Zip Code

Phone: (____) _____ Email: _____ County: _____

Gender*: ☐ Male ☐ Female Date of Birth: _____ Grade: _____ School Attending: _____

Do you Live*: ☐ Farm ☐ City over 50,000 people
(Choose only one) ☐ Town under 10,000 or rural non-farm ☐ Suburbs of city over 50,000 people
☐ City 10,000-50,000 people ☐ Military Installation: _____

Do you have parent/guardian(s) active in the military? Yes ☐ No ☐
If yes, circle all that apply: Army Air Force Navy Marines Coast Guard National Guard (Air & Army) Reserves

Ethnic group*: A. Choose One ☐ Hispanic or Latino ☐ Non-Hispanic or Latino
B. Choose all that apply:
☐ White or Caucasian ☐ Asian
☐ Black or African American ☐ Native Hawaiian or other Pacific Islander
☐ American Indian or Alaska Native ☐ Other _____

Parent or Guardian: _____
First Middle Last

Address: _____
Street Address City State Zip Code

Phone: (____) _____
Area Code Daytime/Cell phone Area Code Home phone Email (if applicable)

Additional Parent or Guardian: _____
First Middle Last

Address: _____
Street Address City State Zip Code

Phone: (____) _____
Area Code Daytime/Cell phone Area Code Home phone Email (if applicable)

1. A parent or guardian should sign below whichever statement you wish to apply to the youth's involvement in 4-H programs.

_____ I agree to allow 4-H to take photographs/audio/video of my child for use in 4-H and other N.C. Cooperative Extension educational, promotional, and/or marketing materials. Neither individual addresses nor telephone numbers will be published within these materials.

_____ I do not wish for 4-H to take photographs of my child for use in 4-H or N.C. Cooperative extension educational, promotional, or marketing purposes.

2. The enrolling youth is bound by the NC 4-H Code of Conduct and Disciplinary Procedure for 4-H events and activities. The youth should initial here if he/she has received and reviewed the NC 4-H Code of Conduct and Disciplinary Procedure for 4-H events and activities. _____

** This information is required for all federally assisted programs and is solely used for the purpose of determining compliance with Federal civil rights laws; your responses will not affect consideration of your application. By providing this information, you will assist us in assuring that this program is administered in a nondiscriminatory manner.*

COLLEGE OF
AGRICULTURE & LIFE SCIENCES
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office use only
4-H Membership # _____
Date entered: _____

NC STATE UNIVERSITY

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NC Department of 4H Youth Development Health History and Custody Release



4-H Group / County: _____

Year: _____

Camper Name: _____

Birth Date _____/_____/_____ Age at Camp _____ Gender: ☐ Female ☐ Male Email: _____

Address: _____
Street City State Zip Code

Custodial Parent/Guardian Name: _____ Phone: (____) _____

Second Parent/Guardian or Emergency Name: _____

Address: _____ Phone: (____) _____

If not available in an emergency, notify (Name): _____

Relationship: _____ Phone: (____) _____

Health History

The following information must be filled in by the parent/guardian, or adult camper or staff member. Update required annually. Health exam must be completed by approved licensed medical personnel within 24 months of participation. The intent of this information is to provide camp health care personnel the background to provide appropriate care. Keep a copy of the completed form for your records. Any changes to this form should be provided to camp health personnel upon participant's arrival in camp. Provide complete information so that the camp can be aware of your needs.

Important – These boxes must be complete for attendance

Parent/Guardian Authorization: This health history is correct and complete as far as I know. The person herein described has permission to engage in all camp activities except as noted.

I hereby give permission to the camp to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes. I give permission to the camp to arrange necessary related transportation for me/my child.

In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.

Signature of parent/guardian, or adult camper/staffer: _____

Printed Name: _____ Date: _____

I also understand and agree to abide by any restrictions placed on my participation in camp activities.

Signature of minor or adult camper/staffer: _____ Date: _____

MEDICATIONS

Please list **ALL** medications, even over-the-counter or nonprescription drugs, including Tylenol, Pepto-Bismol, Benadryl, etc. that may be taken. Bring enough medication to last the entire time at camp. Keep it in the original packaging/bottle that identifies the prescribing physician (if prescription drug), the name of medication, the dosage, and the frequency of administration. **We recommend that you send only enough medication for the 6 days of camp.**

☐ This person takes NO medications on a routine basis

☐ This person takes medications as follows:

Med#1 _____ Reason _____ Dosage _____ Time taken _____

Med#2 _____ Reason _____ Dosage _____ Time taken _____

Med#3 _____ Reason _____ Dosage _____ Time taken _____

Med#4 _____ Reason _____ Dosage _____ Time taken _____

This person may take the following medications as needed: (**Note: if not completed, camp staff cannot dispense to your child**)

☐ Aspirin ☐ Tylenol ☐ Ibuprofen ☐ Benadryl ☐ Pepto-Bismol ☐ Other _____

Known allergies to foods, drugs, insect stings or bites, etc: _____

Restrictions - The following restrictions apply to this individual:

Dietary

☐ Does not eat red meat

☐ Does not eat pork

☐ Does not eat eggs

☐ Does not eat poultry

☐ Does not eat dairy products

☐ Does not eat peanut products

☐ Other (describe) _____

Camp is full of challenge by choice activities including a number of physical and emotional challenges. Explain any restrictions to activity (e.g. what cannot be done, what adaptations or limitations are necessary): _____

General Questions (Explain "yes" answers.)

Has/does the participant:

	Yes	No		Yes	No
1. Had any recent injury, illness or infectious disease?	☐	☐	13. Ever had high blood pressure?	☐	☐
2. Have a chronic or recurring illness/condition?	☐	☐	14. Ever been diagnosed with a heart murmur?	☐	☐
3. Ever been hospitalized?	☐	☐	15. Ever had back problems?	☐	☐
4. Ever had surgery?	☐	☐	16. Ever had joint problems?	☐	☐
5. Have frequent headaches?	☐	☐	17. Have any skin problems?	☐	☐
6. Ever had a head injury?	☐	☐	18. Have diabetes?	☐	☐
7. Ever been knocked unconscious?	☐	☐	19. Have asthma?	☐	☐
8. Wear glasses, contacts or protective eye wear?	☐	☐	20. Had mononucleosis in the past 12 months?	☐	☐
9. Ever had frequent ear infections?	☐	☐	21. Have problems sleepwalking?	☐	☐
10. Ever been dizzy/passed out during or after exercise?	☐	☐	22. Have a history of bed wetting?	☐	☐
11. Ever had seizures	☐	☐	23. Ever had an eating disorder?	☐	☐
12. Ever had chest pain during or after exercise?	☐	☐			

Please explain "yes" answers, noting the number of the questions. _____

Special medical concerns or conditions that event supervisors should know about, including contagious illnesses, epilepsy, asthma, diabetes, previous injuries to bones/joints, etc: _____

Which of the following has the participant had?

- ☐ Measles
☐ Chicken pox
☐ German measles
☐ Mumps
☐ Hepatitis A
☐ Hepatitis B
☐ Hepatitis C

TB Mantoux Test Date of last test _____
Result: ☐ Positive ☐ Negative

Please give dates of immunization for:

(Immunization records may be attached to this form)

Vaccine: Dates: Mo/Yr Mo/Yr Mo/Yr Mo/Yr

DTP _____

TD (tetanus/diphtheria) _____

Tetanus _____

Polio _____

MMR _____

or Measles _____

or Mumps _____

or Rubella _____

Haemophilus influenza _____

Hepatitis B _____

Varicella (chicken pox) _____

Use this space to provide any additional information about the participant's behavior and physical, emotional or mental health about which the camp should be made aware. _____

Name of family physician: _____ Phone: (____) _____

Address: _____
Street Address City State Zip Code

Name of family dentist/orthodontist: _____ Phone: (____) _____

Address: _____
Street Address City State Zip Code

Health Care Recommendations by Licensed Medical Personnel

I examined this individual on _____. BP ____ Wt ____ Ht ____

In my opinion, the above applicant ☐ is ☐ is not able to participate in an active camp program.

Restrictions/Recommendations: _____

Treatment to be continued at camp or medications to be administered at camp (name, dosage, frequency) _____

Additional information for health care staff at camp: _____

Signature of Licensed Medical Personnel: _____ Date: _____

Printed: _____ Title: _____

Address: _____ Phone: (____) _____
Street City State Zip Code

Screening Record: For camp use only Meds received _____ Updates/additions to Health History _____ Current Health needs identified _____ Screened by _____	Date _____ Time _____
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Custody Release: You may be asked to produce photo ID at check-out. This is for your child's safety. Please be aware of this policy before picking up your child. I hereby give permission for my child, _____, to be allowed to leave the 4-H Camp at the conclusion of the camping program. My child will be released into the custody of:

(Names of individuals authorized to pick up your child)

If it is necessary for my child to leave the Camp before the end of the program due to illness, injury, or behavioral issues, and I cannot be reached, I hereby give permission for my child to be released into the custody of:

(Emergency contact or other individual authorized to pick up your child)

For Camp Use Only: Camper picked up by: _____ Staff Signature _____



**4-H MEDICAL INFORMATION AND INFORMED CONSENT FOR
TREATMENT FOR NC 4-H SPONSORED EVENTS**



PLEASE READ AND COMPLETE THE FOLLOWING FORM. THIS FORM MUST HAVE A NOTARIZED SIGNATURE AND BE PRESENTED AT THE OFFICIAL REGISTRATION FOR THE 4-H SPONSORED EVENT BEING ATTENDED.

I. Medical Information (Pages 1 and 2)

II. Insurance Information

The 4-H program purchases insurance for youth participants for many sponsored events. In some cases, this coverage will not pay for some medical expenses and it may be necessary to bill the family or your insurance company.

Health Insurance Company _____

Health Insurance Policy # _____

Company Address _____

Company Telephone Number (____) _____

III.

If you are a person with a disability and desire any assistive devices, services, or other accommodations to participate in this activity, please contact the offices of the Eastern 4-H Center at (252) 797-4800 during business hours of 8:00a.m. to 5:00p.m. to discuss accommodations at least one business week prior to activity.

Signatures Acknowledging Parts I, II, III

Parent's/Guardian's Signature _____ Date: _____

Participant's Signature: _____ Date: _____

Parent/Guardian telephone #: Home: (____) _____ Work: (____) _____

IV. Informed Consent

In the event that a participant needs minor medical care from 4-H or more significant medical care from a qualified health care provider, including in rare cases possible hospitalization and/or surgery, the parent/guardian is asked to sign the informed consent form below. In case of serious medical condition, 4-H will make every effort to notify the parents, but the first priority may be providing care to the participant.

Authorization to Consent to Health Care for Minor

I, _____, of _____ County, am the custodial parent
having legal custody of _____, a minor child, age _____, born,
(Name of 4-H youth participant)

_____. I authorize any adult(s) acting as agents (including official volunteers)
(Youth participant birth date)

or employees of the 4-H program and in whose care the minor child has been entrusted, to do any acts which may be necessary or proper for the health care of the minor child including, but not limited to, the power (1) to provide for such health care at any hospital or other institution, or the employing of any physician, dentist, nurse, or other person whose services may be needed for such health care, and (2) to consent to and authorize any health care including administration of anesthesia, X-ray examination, performance of operations, and other procedures by physicians, dentists, and other medical personnel except the withholding or withdrawal of life sustaining, procedures.

This consent shall be effective for one year from the date of execution.

Custodial Parent Signature _____ Date _____

STATE OF NORTH CAROLINA
COUNTY OF _____

On this _____ day of _____ (*month*), _____ (*year*),

_____ personally appeared before me the named,
_____, to me known and
(Parent/Guardian)

known to me to be the person described in and who executed the foregoing instrument and he (or she) acknowledged that he (or she) executed the same and being duly sworn by me, made oath that the statements in the foregoing instrument are true.

My Commission Expires: _____, 20 _____

_____, *Notary Public*
Signature

Printed Name

(OFFICIAL SEAL).



**4-H Code of Conduct and Disciplinary Procedure
North Carolina Cooperative Extension Service
Department of 4-H Youth Development**



I. Purpose and Application:

- A. The 4-H Code of Conduct is intended to foster a safe environment that is conducive to optimal learning and growth. Toward that end, youth participants are expected to behave in a way that respects the rights and property of others, and that will not disrupt or interfere with 4-H program goals.
- B. This 4-H Code of Conduct and Disciplinary Procedure is a condition of participation in any North Carolina 4-H activities or programs.

II. Behaviors Prohibited at 4-H program Activities:

- A. Possession, selling, and/or use of alcoholic beverages, tobacco products, and illegal drugs OR being present where individuals are using alcohol, tobacco products and/or any illegal substances
- B. Any kind of sexually related physical contact
- C. Possession of weapons or firearms (except while participating in a 4-H Shooting Sports Event)
- D. Behavior that violates state or local laws
- E. Damage to property of others
- F. Theft, misuse or abuse of public or personal property
- G. Conduct that jeopardizes the safety of self or others
- H. Conduct that disrupts or interferes with 4-H programming
- I. Leaving a program or facility without permission of parents or 4-H staff (including authorized volunteers)
- J. Inappropriate dress, including but not limited to clothing that is sexually suggestive, indecent, or otherwise disruptive to the operations or goals of 4-H. Examples include clothing with negative or hateful language or symbols; see-through blouses, skirts or pants; sagging pants; exposed undergarments; bare midriff shirts; and excessively short or tight garments. Clothing should meet the standards expected in public schools. Specific clothing requirements may be required where appropriate for a particular event
- K. Unruly behavior in hotels and public areas, particularly during overnight events. There should be no running in the halls, prank calls, unnecessary noise, excessively late hours, or visiting in rooms of the opposite sex

III. Additional Basis for Disciplinary Action

County or State Extension personnel may impose discipline pursuant to Part IV below in cases of misconduct by current, former, or prospective 4-H participants if, in the judgment of 4-H personnel or their supervisors, the misconduct poses a potential risk to the 4-H program. This includes risks to the safety or well-being of others and risks to the effective functioning or integrity of 4-H. This applies regardless of whether the misconduct occurred during a 4-H activity or in a setting unrelated to 4-H activity.



IV. Disciplinary Procedures:



- A. Discipline may be imposed by any 4-H staff or Cooperative Extension Service employee who has oversight responsibility for 4-H activities.
- B. Unless immediate action is required, the following procedures must take place before there can be any finding or conclusion of guilt:
 - 1) the accused participant shall be told the charge (which of the prohibited behaviors listed above he or she is accused of violating), and
 - 2) the accused participant is told what factual evidence supports the charge, and
 - 3) the accused participant has been given a chance to tell his/her side of the story.
- C. The 4-H staff person must be satisfied that the participant more likely than not engaged in the prohibited behavior before imposing a sanction.
- D. Sanctions may include some or all of the following:
 - 1) Verbal warning
 - 2) Notification to parents
 - 3) Immediate removal from the activity
 - 4) Being placed on a behavior contract
 - 5) Referral to local law enforcement and/or juvenile court
 - 6) Program suspension and/or
 - 7) Expulsion from program
 - 8) Other sanctions appropriate to the circumstances, as determined by 4-H.
- E. Appeals
 - 1) Disciplinary action for local or county-level events may be appealed to the County Director and or 4-H Agent. All appeals must in writing and must be received by the County Director and or 4-H Agent within 30 days of the disciplinary action. The County Director and or 4-H Agent or designee shall review the appeal statement, any written response from the decision maker, and may review other relevant information. The County Director and or 4-H Agent shall send a written decision to the appellant, the 4-H staff member who made the initial decision, and Head of the Department of 4-H Youth Development. The County Director and or 4-H Agent's appeal decision shall constitute the final agency action unless the Department Head chooses to exercise further review.
 - 2) Disciplinary action for regional or state-level events may be appealed to the Head of the Department of 4-H Youth Development, Cooperative Extension Service, Box 7606, NC State University, Raleigh NC 27695-7606; telephone (919) 515-3242. All appeals must in writing and must be received by the Department within 30 days of the disciplinary action. The Department Head or designee shall review the appeal statement, any written response from the decision maker, and may review other relevant information. The Department Head shall send a written decision to the appellant and the 4-H staff member who made the initial decision, and the Department Head's appeal decision shall constitute the final agency action.
- F. Immediate action situations:

4-H or Extension staff may take immediate action to remove a participant from an activity and other action as needed, where there is an emergency situation or significant risk of continuing misconduct. In those cases, the immediate action is temporary discipline and the 4-H or Extension staff must arrange for the procedures in parts B, C, D, and E above as soon as possible but in no event longer than seven days from the temporary discipline.